

Health Beliefs and Health Seeking Behaviours of Mbororos Communities in Mezam Division of the North West Region of Cameroon

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ABSTRACT

The purpose of this study was to investigate how indigenous health beliefs affect health-seeking behaviours of the Mbororos in their communities in Mezam Division. The study employed a cross-sectional survey research design using explanatory sequential mixed methods. Quantitative data were collected using questionnaire while focus group discussions and interview guides were used to collect qualitative data. Questionnaires were completed by 500 Mbororos selected by simple random sampling while 36 Mbororo leaders and elders and 3 healthcare providers were purposefully selected, making a total of 539 respondents. The data were analysed with the aid of the Statistical Package for Social Sciences (SPSS) version 23.0 for windows where descriptive statistics such as percentages, mean scores and standard deviation were gotten. Equally SPSS was also used for regression analysis and tested the effects between the independent and dependent variables. The qualitative data were analysed using thematic analysis method. The findings showed that Indigenous health belief had a statistically significant effect on health seeking behaviour towards traditional therapy at 1% level ($p = 0.000$). On another perspective the qualitative data which complemented the findings showed that indigenous health beliefs had effects on health seeking behaviours towards traditional therapy among the Mbororos. The study supports the notion that the Mbororo communities in Mezam Division and beyond should develop more tolerance for conventional medicine and rush for appropriate diagnosis and treatment before complementing with traditional treatment. Integration of modern and traditional medicine is recommended. In addition the healthcare providers should be accommodating, culturally competent and apply a culturally congruent approach in treatment.

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INTRODUCTION

Health-seeking behaviour is defined as “any action or inaction undertaken by individuals who perceive they have a health problem or to be ill for purpose of finding an appropriate remedy.” (Latunji & Akinyemi, 2018). Health-seeking behaviour includes the timing and types of healthcare delivery systems to be used which may change population health outcomes (Poortaghi et al, 2015). Thus, the healthcare services could be modern or traditional. Delayed medical attention has shown to associate with an increased risk of unfavourable outcomes (Prentice & Pizer, 2007. Erinoshio (1998) postulates that “health promotion and diseases prevention are to some extent

shaped by practices such as indigenous health beliefs” (p.18).

Chunhabunyatip et al (2018) maintain that indigenous health beliefs are what people of a particular culture believe about their health, what they think constitutes their health, what they consider the cause of their illness, and what they consider are ways to overcome an illness. These beliefs are, of course, culturally determined, and all come together to form larger health belief systems (Maher, 1999).

This study was built on the premise that utilization of the modern healthcare delivery system remains very

low among members of the Mbororo communities in Mezam Division. Despite this kind of health seeking behaviour this indigenous people are strong and go about with their daily activities. Most interesting is that the Mbororos do not visit modern health care delivery system early enough when ill; rather prefer the hospital late and at advanced stage of the illness. The Mbororos believe that most illnesses among the community members were spiritual and as such they preferred diviners for spiritual diagnosis and treatment. It was assumed that indigenous health beliefs were responsible for their health seeking behaviours. Therefore the study examined the extent to which indigenous health beliefs affected health-seeking behaviours of the Mbororo community in the Mezam Division.

Unfortunately there was a dearth of literature when it comes to indigenous health beliefs and health-seeking behaviours among these vulnerable populations in Mezam Division. However, Agbo and Naido (2011) carried out a study to determine the effect of indigenous health beliefs of oral health care on health seeking behaviours in urban and rural areas of Bui Division of the North West Region of Cameroon. According to Glance et al, 2002.), the health belief model is used to develop preventive health programs, as well as design appropriate intervention programs where prevention has failed, that is in case of an illness episode. Equally, the health belief model helps to explain the impact of community member's beliefs and attitudes towards disease and how those beliefs and attitudes impact their health seeking behaviours. Health beliefs among this vulnerable population and health seeking behaviours but lamentable, community health research among this vulnerable population

have been sparingly researched and remain unexplored in this division. From this evidence this study becomes an important reserve for future research in this field of community psychology, providing data and filling the gaps left by the existing literature. It also brings in original programme for healthcare providers, social affair workers, community psychologists, Mbororos and other stakeholders in achieving appropriate health seeking behaviours to maintain health and also to attain the sustainable development goal by 2030 (Sachs, 2012). It also helps to provide new conceptual framework that explains indigenous health beliefs and health seeking behaviours uphold by the Mbororos in Mezam Division.

Method

The study employed both quantitative and qualitative paradigms. The descriptive cross sectional survey design was used to collect quantitative data while interview and focus group discussion was also used in conducting this study. Conversely the data were analysed following triangulation approach in methodology, analytical process and statistical packages. The micro soft excel was used for data entry and exported to SPSS version 23 for analysis. The linear regression model approach was used to appraise the effect of the explanatory variable, indigenous health beliefs on the outcome variable, health seeking behaviours. Pearson correlation coefficient was used to test for collinearity of control variables and explanatory variables. The reliability of responses was assessed using cronbachs' Alpha reliability test. For the analysis of qualitative data, thematic analysis was used.

Measures

Items were measured with the helped of a 4-point likert scale questionnaire whereby respondents were required to state their opinion about each item, that is, by stating whether they strongly agree (SA), agree (A.), disagree (D) and strongly disagree (SD), pertaining to the variable of the study.

Table 1 Indigenous health beliefs and health seeking behaviours of the Mbororos

INDIGENOUS HEALTH BELIEFS AND HEALTH-SEEKING BEHAVIOURS							X̄±SD
ITEMS	Disag		Agree		Total		
	N	% Disag	N	% Agree	N	% Total	
Ill- health is from spiritual forces.	327	65%	173	35%	500	100%	2.1±1.01
Good health is God gift.	312	62%	188	38%	500	100%	2.3± 1.0
Ill- health is as a result of break up in social harmony.	256	51%	242	49%	498	100%	2.4±1.0
Illness is punishment from God.	306	61%	192	39%	498	100%	2.2±1.1
Illness comes from lack of harmony with nature.	247	50%	250	50%	497	100%	2.4±0.9
Total	1448	58%	1045	42%	2493	100%	11.4±5.1

\bar{X} = mean, SD = standard deviation

Source: Researcher's Field Work, (2023)

Statistical evidence from table 1 indicates that of 173 (35%) out of 500 accepted that bad health is from evil spiritual forces and that affected their health seeking behaviours while majority 327(65%) denied this fact. When verified to find out whether good health is God's blessing, 188 (38%) who attempted that question accepted while majority 312 (62%) refuted the fact. Considering the question whether bad health is as a result of break up in social harmony 242 (49%) accepted while 256 (51%) denied. Equally a majority of 306 (61%) denied the fact that Illness is punishment from God while 150 (37.5%) accepted. As to find out whether Illness comes from lack of harmony with nature 250 corresponding to 50% accepted while 247 of the respondents who attempted the item denied this fact.

The mean of the indigenous health belief was 11.4. This was closely less than the hypothesized test value of 12.5. The standard deviations for the items were low indicating that the responses were close to the mean, that is to say the respondents had similar responses. That is, the low standard deviation reflects some degree of variation in the group studied. This means that their opinions were closely similar. But this descriptive statistics could not actually indicate the effect of indigenous health beliefs on health seeking behaviours though the aggregated score was 58% disagreed and slightly below average 42% acceptance. Furthermore the influential statistics with aid of linear regression analysis using SPSS showed the effect of explanatory variable, indigenous health beliefs over the outcome variable, health seeking behaviours among the Mbororos in Mezam division.

Findings

Indigenous health belief has no significant effect on health seeking behaviour of the Mbororos in Mezam Division

Table 2 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.468 ^a	0.219	0.217	0.88200651

Source: Researcher's Field Work, (2023)

The model summary was in order to verify the effects of indigenous health belief on health seeking behaviours in the Mbororo community in Mezam Division. The R-squared=0.219 showed that there is 21.9% in the variation of change in indigenous health belief (IHB) to health seeking behaviours (HSB) and that 21.7% of the change in health seeking behaviours is affected by other factors apart from indigenous health belief.

Table 3 Analysis of variance (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	102.784	1	102.784	132.124	0.000^b
Residual	366.408	471	.778		
Total	469.191	472			

Source: Researcher's Field Work, (2023)

From the findings, the global fitness of the regression analysis model was taken at 1% level of significance. Looking at the model we observed that IHB has a statistically significant effect on health seeking behaviours as shown by the P-value of 0.000, the corresponding F-statistics in the F column tested the significance of the linear and nonlinear terms as separate groups. Given this model's global significance level, we are 99% confident that the findings of this study are reliable for policy purposes.

Table 4 Test for Coefficient

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.009	.041		.215	.830
	IHB Index	.470	.041	.468	11.495	.000

Source: Researcher's Field Work, (2023)

Quantitatively, the findings showed that indigenous health belief is positively related to health seeking behaviours. Everything being equal, an increase in indigenous health belief by one unit will led to 0.470 increases in health seeking behaviours which is statistically significant at 1% level. We thereby reject the null hypothesis which says that health belief does not have a significant effect on health seeking behaviours in the Mbororo community of the Mezam Division. We retain the alternative hypothesis that indigenous health belief has a significant effect on health seeking behaviours of the Mbororos.

Equally from the qualitative data, majority of the cases (39 respondents) that participated in the focus group discussions and interviews (92%) agreed that indigenous health beliefs affected the health-seeking behaviours of the Mbororo community in Mezam Division as opposed to one that disagreed (8%).

An overwhelming majority (92%) of the cases expressed dominant positive views on the relationship between indigenous beliefs about health and illness and the health-seeking behaviours of the Mbororo community in Mezam Division. Therefore from the excerpts the following themes emerged such as 1. Attributions of causation of ill- health to supernatural forces, witchcraft and sorcerers, 2. Spiritual forces in the community, 3. traditional medicine as therapy and Perception about illness.

Discussions

The findings of the present study indicate that the indigenous health beliefs have a positive significant effect on health seeking behaviours, of the Mbororos in Mezam Division of the North West Region of Cameroon. These beliefs were measured in terms of illness from spiritual forces, good health is God's gift, illness as result of break up in social harmony within community, illness is punishment from God and illness comes from lack of harmony with nature. More so it was also realized that all the above beliefs are highly practiced by majority of the community members. In this regard, such health beliefs were found to influence the health seeking behaviours (preference of natural medicine, no regular check-up, hospital as last resort, and reliance on traditional medicine by forefathers). The findings agree with those of Banerjee and Roy (1998) who found that indigenous people of India believe in the supernatural causation of schizophrenia. Therefore the indigenous health beliefs which hold that illness is from spiritual forces affected their health seeking behaviours where the patients consulted indigenous healers as their first choice of treatment. Therefore, from the findings, the Mbororo community believes in the supernatural causations of illnesses; such are very common and affect their health seeking behaviours. They believe that illness caused by evil forces, social breakage within the community, punishment from God can only be treated with some spiritual forces done by special people (Modibos) who are healers gifted in destroying evil forces and establishing health and wellbeing.

The findings are consistent with the findings of Maher (1999) who found out that people recognized supernatural forces as the main causes of illness among the native people of the Western world. Therefore, due to the indigenous health beliefs people

often preferred traditional medicines and traditional healers for their illnesses. This then goes to explain the fact that illness response is due to the health beliefs system of the community members. Also, these findings are also supported by Shiraya, phomopide and kuroiwa (2006) who found out that malaria is caused by evil spirit. The indigenous health belief about malaria causation influenced the health seeking behaviours of community people of South East Asia to seek for traditional medicine for the treatment of malaria. The study also agrees with the findings of kishore, Gupta, et al (2011) who found out that mental illness was as a result of punishment from the people from India past sins and could not be treated with conventional medicine. Thus health belief of this group of people affected the health seeking behaviour of some of the rural communities. In addition, the study confirmed that of Naidu (2014) who found out that indigenous African community's belief that illness and health are embedded in cultural beliefs where Africans believe that illness and health are located in the social and spiritual realms and as a result affect their health seeking behaviours. They believe that disassociation and disharmony cause illness. Equally the findings also concur with Naidu (2014) who found out that illnesses are caused by attacks from witchcraft and sorcery. Therefore, the belief systems of various communities affect their health seeking behaviours. Thus, indigenous health beliefs cause indigenous communities to believe in traditional medicines as an appropriate alternative of medical treatment.

The findings equally agree with those of Elhott and Taylor (2021) which revealed that the multifaceted indigenous health beliefs and illness are directly linked to the pluralist health seeking practices of the people of Venuata. This was because illness within the Venuata had pluralistic causations due to their health beliefs. Also, the findings agree with those of Subuhi and Siswal (2021) in that supernatural beliefs are highly dominated in the present era within the various communities of Venuata. Therefore, supernatural forces remain the main causes of some illnesses in some communities according to their belief systems. Thus, the community members sought for healthcare with respect to the etiology of the illness. Consequently, indigenous health beliefs on witchcraft, sorcery, supernatural forces or evil spirits among the Mbororos communities in Mezam Division influence their health seeking behaviours. These health beliefs among the Mbororos influence their behaviours after visited diviners who are traditional diagnostic individuals of illness before further treatment. The Mbororos believe that some illnesses cannot be treated and some can only be

treated with traditional medicine natural remedy or spiritual remedy.

Equally the findings indicate established four main themes such as attributions of causation of ill – health to supernatural forces, witchcraft and sorcerers, spiritual forces in the community, traditional medicine as therapy and peer recommendations which helped to shape the pathway to traditional medicine preference which affected their health seeking behaviours. The findings agree with Benerjee and Roy (1998); Schirayayha, Phomopide and kuroiwa (2006) on the supernatural causation of schizophrenia and malaria respectively. Finally the findings also agree with those of Kishore et al (2011) who found out that myths, perceptions and beliefs about causes of illness affect their health seeking behaviours. Therefore the Mbororos in Mezam division due to their indigenous health beliefs pursue health seeking behaviours towards traditional therapy.

Conclusion

The purpose of this study was to find out the extent to which indigenous health beliefs affect the health-seeking behaviours of the Mbororo community in Mezam Division. To achieve this purpose a cross sectional survey research design with mixed research methods were chosen. this choice facilitated a triangulation approach. A questionnaire, focus group discussion guide and interview guide were applied in the collection of data from a sample of 539 respondents from three Mbororo communities (Bamenda III, Santa and Tubah) and three healthcare providers of Mezam Division. The findings of the quantitative and qualitative data were coded and analyzed using the SPSS software for descriptive statistics and inferential statistics and thematic analysis.. The conclusion was that indigenous health beliefs had a positive significant effect on the health seeking behaviours of the Mbororos. This was due to their beliefs in supernatural and sorcery causation of illness which affected the health seeking behaviours. Healthcare providers such as medical doctors should be more cordial and accommodating to patients of the Mbororo descent and take turn to educate them about conventional health practices and medicines.

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